THE UNIVERSITY of NORTH TEXAS
HEALTH SCIENCE CENTER at FORT WORTH

HSC POLICE DEPARTMENT

ID Badge Request

PD Received by: _____

Date: _____ Card#_____

Parking portal: _____

Student:

___ Replacement (no changes) - $20

___ Name change/class change (must have registrar's signature) - $20

___ New photo - $25

_____
Name as desired on ID

_____
Student ID# (8-digits)

_____
Program/school/year

_____
Amount owed: $20 (replacement)/$25 (new photo)

_____
Student email address

_____
Registrar's signature (name change/class change)

_____
Registrar's printed name

Employee: ___ New ID - $25

___ Faculty___ Staff___ Fellow___ Resident___ Volunteer___ Contractor___ Tenant

___ Replacement (no changes) - $20___ New photo - $25

___ Name change/department change (*must have HR signature) - $20

_____
Name as desired on ID - new

_____
Employee ID# (8-digits)

_____
Department name

_____
Amount owed: $20 (replacement)/$25 (new photo)

_____
*Former name department change

_____
Employee signature

_____
*Name on file with HR

_____
*HR approval signature (name change)

_____
*New department

_____
*HR approval signature (department change)

Chart String:

_____**Authorized signature for IDT**

DEPTID	FUND CAT	FUND	FUNCTION	PC BUS UNIT	PROJECT	ACTIVITY	PROGRAM	PURPOSE	SITE